



IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

State Form 49635 (R2/11-02)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Indiana Department of Environmental Management
Office of Air Quality – Air Compliance Branch
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Phone: (317) 233-5672 or
1-800-451-6027 (Indiana Residents Only)
<http://www.IN.gov/idep/air/compliance>

- NOTE:**
- As part of the application for open burning approval, and in order to comply with the Administrative Orders and Procedures Act IC 4-21.5-3-5, complete and return this form with your application to the Office of Air Quality address provided in the upper right hand side of the form or Fax to 317-233-6865. In case of questions someone may be reached at 317-233-5672 or (in Indiana) 1-800-451-6027 press 0, and ask for extension 3-5672
 - You can fill out this form electronically, using your mouse and keyboard. Simply click inside of the number one (1. Name) field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the field with your mouse.

FOR OFFICE USE ONLY

VARIANCE ID NUMBER

ASSIGNED TO

NOTE

► Please read the related letter from the Assistant Commissioner and list here any persons whom you have reason to believe have a substantial or proprietary interest in this matter, could otherwise be considered to be potentially affected under the law, or who own or rent property within five hundred (500) feet of the proposed burn site. This office will notify these parties. Failure to list a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with the Administrative Orders and Procedures Act and to avoid reversal of a decision, please list all such parties. Use additional sheets, if necessary. Sign this form and return it with the application. Please list the property owner's name in the first block below designated as the Owners Name.

PART A: THE PROPERTY OWNER

1. Owners Name:	2. Address:
3. City/State:	4. Zip:

PART B: LIST OF AFFECTED PERSONS

5. Name:	6. Address:
7. City/State:	8. Zip:
9. Name:	10. Address:
11. City/State:	12. Zip:
13. Name:	14. Address:
15. City/State:	16. Zip:
17. Name:	18. Address:
19. City/State:	20. Zip:

PART C: ADDRESS OF BURN SITE

21. Address:	22. City:	23. County:
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PART D: SIGNATURE

I hereby certify that I have listed all affected parties, as defined by IC 4-21.5, to the best of my knowledge. If none are listed, it signifies that no such parties are known.

Signature: _____

Company Name: _____

Type or Print Name: _____

Date: (mm/dd/yyyy) _____

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PART E: ADDITIONAL POTENTIALLY AFFECTED PERSONS

24. Name:	25. Address:
26. City/State:	27. Zip:
28. Name:	29. Address:
30. City/State:	31. Zip:
32. Name:	33. Address:
34. City/State:	35. Zip:
36. Name:	37. Address:
38. City/State:	39. Zip:
40. Name:	41. Address:
42. City/State:	43. Zip:
44. Name:	45. Address:
46. City/State:	47. Zip:
48. Name:	49. Address:
50. City/State:	51. Zip:
52. Name:	53. Address:
54. City/State:	55. Zip:
56. Name:	57. Address:
58. City/State:	59. Zip: